## **EXHIBIT 1-C**

UCC	FINANCING	STATEMENT

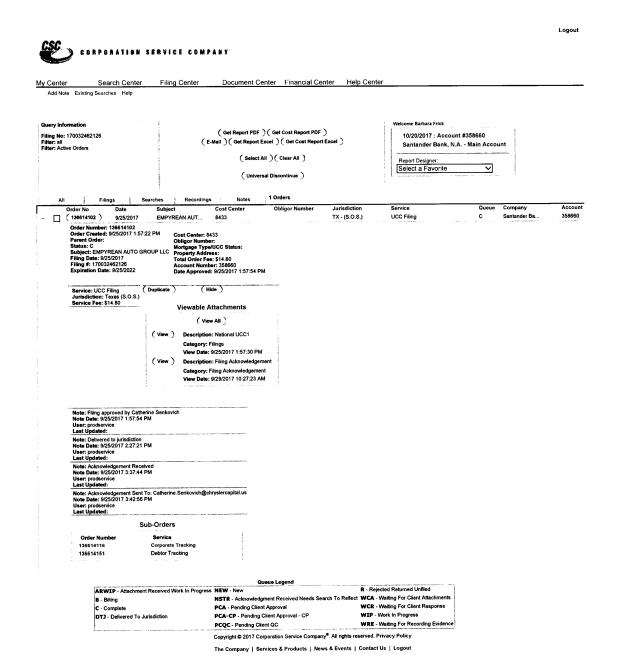
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A. NAME & PHONE OF CONTACT AT FILER (optional) CSC	
B. E-MAIL CONTACT AT FILER (optional)	
C. SEND ACKNOWLEDGMENT TO: (Name and Address)	115
Corporation Service Company	
251 LITTLE FALLS DRIVE	
Wilmington, DE 19808	
USA	

FILING NUMBER: 17-0032462126
FILING DATE: 09/25/2017 01:27 PM
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THE AROVE SPACE IS FOR FILING OFFICE USE ONLY

1. DESTOR'S NAME. Provide only gap Debtor name in a r Tab (use exact, full name, do not const. modify, or abbreviate any part of the Debtor's name), if any part of the Debtor's name with not it in line 10, lower all of tem 1 blank, check here and provide the Individual Debtor information in Item 10 of the Financing Statement Addendum (Form UCC14d)  1. CORGANIZATION'S NAME  RMPYREAN AUTO GROUP LLC  THE INDIVIDUAL'S SURNAME  REST PERSONAL NAME  REST PERSONAL NAME  ADDITIONAL NAME(S)INITIAL(6)  SUFFIX  3. SOFTAL CODE  COUNTRY  COPPUS Christi  TX. 78415  USA  3. DESTOR'S NAME. Provide only gap Debtor name and not if in line 2b, leave all of tem 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC14d)  2a. ORGANIZATION'S NAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)INITIAL(8)  SUFFIX  3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only gap Secured Party name (as or 3b)  3a. ORGANIZATION'S NAME  SOUTH PARTY NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only gap Secured Party name (as or 3b)  3b. ORGANIZATION'S NAME  SOUTH PARTY NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only gap Secured Party name (as or 3b)  3b. ORGANIZATION'S NAME  SOUTH PARTY NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only gap Secured Party name (as or 3b)  3b. ORGANIZATION'S NAME  SOUTH SECURED PARTY NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only gap Secured Party name (as or 3b)  3b. ORGANIZATION'S NAME  SOUTH SECURED PARTY NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only gap Secured Party name (as or 3b)  3b. ORGANIZATION'S NAME  SOUTH SECURED PARTY NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only gap deministered by a Decedent's Personal Representative Manuel Party name (as or 3b)  3c. ORGANIZATION'S NAME  SOUTH SECURED PARTY NAME (or NAME of ASSIGNEE OR ASSIGNED PARTY) - Provide only gap administered by a Decedent's Personal				THE ABOVE SP	ACE IS FOR FILING OF	FICE USE ONLY
The CRANIZATION'S NAME  EMPTREAN AUTO GROUP LLC  To INDRIDUAL'S SURNAME  FIRST PERSONAL NAME  STATE  FOSTAL CODE  COUNTRY  TX  78415  USA  2. DESTOR'S NAME - Provide only one Debtor name (2e or 2b) (use exact, full rame, do not omit, modify, or abbreviate any part of the Debtor name). If you part of the Individual Debtor information in item 10 of the Pinancing Statement Addendum (Form 1000)  2. ORGANIZATION'S NAME  TREST PERSONAL NAME  CONTY  2. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  COUNTRY  SACURED PARTY'S NAME (or NAME of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3e or 3b)  3. GRANIZATION'S NAME  SACURED PARTY'S NAME (or NAME of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3e or 3b)  3. GRANIZATION'S NAME  SACURED PARTY'S NAME (or NAME of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3e or 3b)  3. GRANIZATION'S NAME  SACURED PARTY'S NAME (or NAME of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3e or 3b)  3. GRANIZATION'S NAME  SACURED PARTY'S NAME (or NAME of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3e or 3b)  3. GRANIZATION'S NAME  SACURED PARTY'S NAME (or NAME of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3e or 3b)  3. GRANIZATION'S NAME  SACURED PARTY'S NAME (or NAME of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3e or 3b)  3. GRANIZATION'S NAME  SACURED PARTY'S NAME (or NAME of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3e or 3b)  3. GRANIZATION'S NAME  SACURED PARTY'S NAME (or NAME of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3e or 3b)  3. GRANIZATION'S NAME  SACURED PARTY'S NAME (or NAME of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3e or 3b)  3. GRANIZATION'S NAME  SACURED PARTY'S NAME (or NAME of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3e or 3b)  3. GRANIZATION'S NAME  SACURED PARTY'S NAME (or NAME of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3e or 3b)  3. GRAN	Debto	r's name will not fit in line 1b, leave all of item 1				
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36.15 South Padre Island Dr Corpus Christi  TX 78415  USA  DEBTOR'S NAME - Provide only ging Debtor name (2a or 2b) (use exact, full name; do not omit, modify, or abbreviate any part of the Debtor's name); if any part of the Individual Debtor's name with off it in fine 2b, laws all of len? 2 blank, check here and provide the Individual Debtor information in item 10 of the Financing Statement Addendum (Form UCC1A)  2a. GRANIZATION'S NAME  OR 2b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  OTHY  STÂTE  POSTAL CODE  COUNTRY  3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only ging Secured Party name (3a or 3b)  3a. CRGANIZATION'S NAME  Santander Bank, N.A.  OR 3b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  SANTANDERSS  OTY  StÂTE  ADDITIONAL NAME(G)INITIAL(S)  SUFFIX  3c. MALING ADDRESS  OTY  StÂTE  ADDITIONAL NAME(G)INITIAL(S)  SUFFIX  3c. MALING ADDRESS  OTY  STÂTE  ADDITIONAL NAME(G)INITIAL(S)  SUFFIX  3c. MALING ADDRESS  OTY  STÂTE  POSTAL CODE  COUNTRY  MA  102109  USA  S. CHOLASTERLY This financing statement covers the following colletent:  All assets of debtor whether now owned or hereafter acquired:  S. Check goly if applicable and check goly one box. Celateral is Pelot in a Trust (see UCC1Ad, item 17 and instructions)  Sc. Check goly if applicable and check goly one box.  Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility.  Apricultural Line Non-UCC Filing  7. A TERRANTIC DE DESIGNATION (if applicable):  Commonwell of the individual Debtor in Individual Debtor in Trust (see UCC1Ad, item 17 and instructions)  School goly if applicable and check goly one box.  School goly if applicable and check goly one box.  Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility.  Agricultural Line Non-UCC Filing  7. A TERRANTIC DE DESIGNATION (if applicable):  Commonwell Part of the individual Debtor in Transaction A Debtor is a Transmitting Utility.  Agricultural Line Non-UCC Filing  7. A TERRANTIC DE DESIGNAT		16. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL	L NAME(S)/INITIAL(S)	SUFFIX
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26. INDIVIDUAL'S SURNAME  TRIST PERSONAL NAME  ADDITIONAL NAME(S) INITIAL(S)  SUFFIX  26. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTRY  3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only gine Secured Party name (3a or 3b)  3a. CRGANIZATION'S NAME  SARRABORE SARRABOR SARRABOR SARRABOR SECURED PARTY) - Provide only gine Secured Party name (3a or 3b)  3b. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ODITIONAL NAME(S) INITIAL(S)  SUFFIX  3c. MAILING ADDRESS  CITY  BOSTON  STATE  POSTAL CODE  COUNTRY  MA  102109  USA  COLLATERAL: This financing statement covers the following collisteral:  All assets of debtor whether now owned or hereafter acquired."  SCHECK girly if applicable and check girly one box: Collisions in Energy in the policy of t			biank, check here sand provide the individ	iuai Debtor information i	in item 10 of the Financing St	atement Addendum (Form
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3. SECURED PARTY'S NAME (or NAME of ASSIGNEE of ASSIGNOR SECURED PARTY) - Provide only one Secured Party name (3e or 3b)  3a. ORGANIZATION'S NAME  SANTAINDER BANK, N.A.  OR  3b. INDIVIDUAL'S SURNAME  PIRST PERSONAL NAME  ADDITIONAL NAME(SYINITIAL(S)  SUFFIX  3c. MAILING ADDRESS  CITY  Boston  MA  O2.109  USA  COLLATERAL: This financing statement covers the following collateral: "All assets of debtor whether now owned or hereafter acquired."  5 Check only if applicable and check only one box:  Cancels only if applicable and check only one box:  Public-Finance Transaction  Manufactured-Home Transaction  A Debtor is a Transmitting Utility  Agricultural Lien E. Non-UCC Filing  7. ALTERNATIVE DESIGNATION (if applicable):  Lessee/Lessor Consignee/Consignor Seller/Buyer Baileer/Bailor Licensee/Licensor  Loonsee/Licensor	2c. M/	ALING ADDRESS	спу	STATE	POSTAL CODE	COUNTRY
3a. ORGANIZATION'S NAME Santander Bank, N.A. 3b. INDIVIDUAL'S SURNAME FIRST PERSONAL NAME ADDITIONAL NAME(S)/INITIAL(S) SUFFIX  3c. MAILING ADDRESS CITY STATE POSTAL CODE COUNTRY MA 02109 USA  4. COLLATERAL: This financing statement covers the following collateral: All assets of debtor whether now owned or hereafter acquired."  5. Check only if applicable and check only one box: 6a. Check only if applicable and check only one box: Public-Finance Transaction Manufactured-Home Transaction A Debtor is a Transmitting Utility Agricultural Lien Agricultural Lien Non-UCC Filling 7. ALTERNATURE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Ballee/Balior Licensee/Licensor			1			1
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Santander Bank, N.A.  Sb. INDIVIDUAL'S SURNAME  FIRST PERSONAL NAME  ADDITIONAL NAME(S)/INITIAL(S)  SUFFIX  Sc. MAILING ADDRESS  CITY  STATE  POSTAL CODE  COUNTRY  MA  02109  USA  COLLATERAL: This financing statement covers the following collateral:  All assets of debtor whether now owned or hereafter acquired."  S. Check only if applicable and check only one box:  Sc. Check only if applicable and check only one box:  Sc. Check only if applicable and check only one box:  Consigned Consigner	3. SEC		E OF ASSIGNOR SECURED PARTY) - Prov	vide only <u>one</u> Secured P	arty name (3a or 3b)	
Sb. INDIVIDUAL'S SURNAME    FIRST PERSONAL NAME   ADDITIONAL NAME(S)INITIAL(S)   SUFFIX		i i				
36. MAILING ADDRESS 75 State Street  Boston  MA  02109  USA  COLIATERAL: This financing statement covers the following collateral: "All assets of debtor whether now owned or hereafter acquired."  5 Check only if applicable and check only one box: Collateral is	OR	A CONTRACTOR OF THE CONTRACTOR		This was begin assert that the little	والمناء المنص بعشم العملة وعطورة بعالم وعملورة	
5. Check only if applicable and check only one box. Collateral is held in a Trust (see UCC1Ad, item 17 and instructions) being administered by a Decedent's Personal Representative 6a. Check only if applicable and check only one box. Collateral is held in a Trust (see UCC1Ad, item 17 and instructions) being administered by a Decedent's Personal Representative 6b. Check only if applicable and check only one box.  Check only if applicable and check only one box. Collateral is held in a Trust (see UCC1Ad, item 17 and instructions) being administered by a Decedent's Personal Representative 6b. Check only if applicable and check only one box.  A Transmitting Utility Agricultrual Lien Non-UCC Filling  7. ALTERNATIVE DESIGNATION (if applicable): Lessee/Lessor Consignee/Consignor Seller/Buyer Bailee/Bailor Licensee/Licensor		3b. INDIVIDUAL'S SURNAME	FIRST PERSONAL NAME	ADDITIONAL	NAME(S)/INITIAL(S)	SUFFIX
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## **LQAS - COLLATERAL**

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ID: EG69323 - 1 SHORT NAME: Empyrean Auto Group LLC and Basin Subaru LLC

LOAN NUMBER: EG69323000EG69323 NEW\_NOTE\_NUMBER:

DOC CODE: CCAP 806-1 DOC: UCC-1 TX 170032462126 Empyrean Auto Group

USER: N606048 Date: 10/20/2017 08:17:24 AM



